## **United States Service Academy Nomination Application**Fifth Congressional District of Georgia



**Congressman John Lewis** 100 Peachtree Street, NW, Suite 1920 Atlanta, Georgia 30303

Staple

Please attach a recent

(404) 659-0116 PHONE (404) 331-0947 FAX					photograph here.			
Please type or print			į					
Name:								
Email Address:								
Permanent Home Addr	ess:		<u>'</u>					
	C							
Current Address (if diff	terent):							
Home Phone:		Social Security Number:		Congressional District:				
Date of Birth:		 t:	Weight:		Corrective	e Lenses:		
	220.82	•	,, 0181101		YES □	NO □		
Father's Name:	T .		Occupation:					
Mother's Name:			Occupation:					
High School:		Counselor:		Phone (	: )			
If you have attended co	llege, where	?	Number of Y	ears:	,			
Extra Curricular Activition	es: ( <u>High Sch</u>	<u>ool Only</u> – Plea	ise indicate grad	les for al	l that apply)	ı		
President of Student	Government		Languages/So	cience C	lub			
Other Student Govern		School Band/Chorus						
President of Class	Governor's Honors Program							
Other Class Office	Church Club							
Student Council Men	JROTC or CAP							
National Honor Society			JROTC/CAP Officer					
•	Boy Scout				Editor, School Yearbook/Newspaper			
Eagle Scout	Officer, Non-School Club Other (please describe below)							
Girl Scout			Other (please	describe	e below)			
Officer School Club								

If you are en	nployed, how n	nany hours do	o you work per	week? After	school	_Summer
Additional C	Comments:					<del></del>
Class Rank:	N	ation				
Please indica	ate Service Aca	demy prefere	ence: (first and	second choices	)	
☐ U.S. Military ☐U.S. Naval			□U.S. Air F	orce 🗆 U.S	S. Merchant Marine	□U.S. Coast Guard
Are you seek	king nominatio	n through and	other member	of Congress?	□ Yes □	] No
If so, please	list:					
Please list at	hletic participa	ation and app	licable grades	<b>below.</b> (High S	chool Only)	
Sport	Grade(s)	Varsity	Position	Captain	Letters	Honors/Awards
Check one a	nd complete:					
☐ I have tak	ken the followi	ng tests on the	e dates indicate	ed: SAT:	A	CT:
		S				
☐ I have no	t taken the req		ut plan to take AT Code is #34		or A(	CT on
	5 <sup>th</sup> Congressi	onai District S onal District A	AT Code is #34 ACT Code is #73	355		
Recommend	ations:					
Principal or	Counselor – Na	ame:				·
Teacher – Na	ame:			Course Taugh	t:	
Other Adult -	– Name:		Address:			
	I am a legal re e best of my kı		orgia and that t	the informatio	n provided l	nere is true and
Signature					Date•	